



#9/1-29-03
V. Jones

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/588,072

SAIFUDDIN et al.

Filed: 06/05/2000

For: METHOD AND APPARATUS
FOR RECOVERY OF
PARTICULAR BITS OF A
RECEIVED FRAME

Group No. 2133

LETTER TO OFFICIAL DRAFTSMAN TRANSMITTING FORMAL DRAWINGS


Assistant Commissioner of Patents
Washington, D.C. 20231

Dear Official Draftsperson:

Enclosed for filing in the subject application are three (3) sheets of formal drawings.

Dated: 01/22/2003

Respectfully submitted,

By: 
Thien T. Nguyen
Attorney for Applicants
Registration No. 43,835

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San Diego, California 92121
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231, on:

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(Date of Deposit)

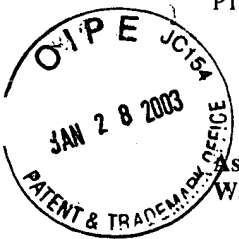
Carola Emelius-Swartz

(Name of the Person Making Deposit)


(Signature)

01/22/2003

(Date of Signature)



AMENDMENT TRANSMITTAL FORM

Assistant Commissioner for Patents
Washington, D.C. 20231

Customer No.: 23696
Attorney Docket No.: 000320
In Re Application of: SAIFUDDIN et al.
Serial Number: 09/588,072
Filed: 06/05/2000
Examiner: J.D. TORRES
Group Art Unit: 2133

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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JAN 29 2003

Technology Center 2100

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	8	20	0	x \$18 =	\$0.00
Independent**	4	4	0	x \$84 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$410	\$0.00
			<input type="checkbox"/> Three Months	\$930	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$0.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 01/22/2003

Signature:

Thien T. Nguyen, Reg. No. 43,835
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